

**RESPONSE TO ORDER FOR
MORE DEFINITE STATEMENT****DOCKET NO.** 16 XXXXAttorney / Rep. Name
Business Name
Address
City, State, ZIP
Telephone/FaxJane Roe
123 Main Street
Anywhere NE 6899
(402) 555-1234

Responding Party is:

☒ Claimant ☐ Employer ☐ Department of Labor ☐ Other:**In the space provided below, briefly describe the reason for your appeal (You may attach additional documents to this form):**

I wanted to appeal the determination S2R1W15. I did not quit my employer, I was discharged because the employer did not have enough money to pay me for the rest of the year.

Please Sign and Date Here:

Signature

Date

DO NOT ENTER INFORMATION BELOW:**FOR TRIBUNAL USE ONLY**

Date Appeal was Filed:

Number of Days Late:

Date Show Cause Ordered:

Date Show Cause was Mailed:

Is Request Timely?

☐ Yes☐ No

(Affix Date Stamp Here)

Request is ☐ GRANTEDRequest is ☐ DENIED☐ Not filed within 10-day reconsideration period☐ Good cause not provided☐ Other:**Administrative Law Judge:**

Signature

Date

For more information, you may visit the Tribunal's website at dol.nebraska.gov/appealtribunal.htm

Please Return the RESPONSE TO ORDER TO MORE DEFINITE STATEMENT to:

Nebraska Appeal Tribunal, P.O. Box 98941, Lincoln, NE 68509. You may also fax this to the Tribunal at (402) 471-1734.